



Agenda Board of Health Professions Full Board Meeting

February 27, 2018 Board Room 4 10:00 a.m.

Call to Order	Dr. Clayton-Jete
 Emergency Egress 	Dr. Carter
 Public Comment 	Dr. Clayton-Jeter
 New Board Member Appointment Lisette Carbajal, MPA, Citizen Member Maribel Ramos, Citizen Member Reappointment Mark Johnson, DVM, Board of Veterinary Medicine Derrick Kendall, NHA, Board of Long-Term Care Herbert Stewart, PhD, Board of Psychology 	
 Approval of Minutes December 7, 2017 - Revised 	Dr. Clayton-Jeter
 Director's Report 	Dr. Brown
 Legislative and Regulatory Report 	Ms. Yeatts
 Health Practitioners Monitoring Program (HPMP) 	Ms. Wood
Board Chair Report	Dr. Clayton-Jeter
 Executive Director's Report Board Budget Agency Performance Sanction Reference Point (SRP) Update Policy & Procedures Update 	Dr. Carter
 Practitioner Self-Referral - page Procreate Fertility Center of Virginia, PLLC 	Ms. Haynes
 Regulatory Research Committee Art Therapy Study 	Mr. Wells
 Healthcare Workforce Data Center Update 	Dr. Shobo
Criminal Background Checks	Dr. Doyle
 Individual Board Reports 	Dr. Clayton-Jeter
 New Business 	Dr. Clayton-Jeter
 Next Full Board Meeting June 26, 2018 	Dr. Clayton-Jeter
 Adjournment 	



DRAFT

Board of Health Professions Full Board Meeting

December 7, 2017 10:00 a.m. - Board Room 4 9960 Mayland Dr, Henrico, VA 23233

In Attendance

Barbara Allison-Bryan, MD, Board of Medicine

Helene D. Clayton-Jeter, OD, Board of Optometry

Kevin Doyle, EdD, LPC, LSATP, Board of Counseling

Yvonne Haynes, LCSW, Board of Social Work

Mark Johnson, DVM, Board of Veterinary Medicine

Allen R. Jones, Jr., DPT, PT, Board of Physical Therapy

Derrick Kendall, NHA, Board of Long-Term Care Administrators

Ryan Logan, RPh, Board of Pharmacy

Martha S. Perry, MS, Citizen Member

Herb Stewart, PhD, Board of Psychology

Laura P. Verdun, MA, CCC-SLP, Board of Audiology & Speech-Language Pathology

James D. Watkins, DDS, Board of Dentistry

James Wells, RPh, Citizen Member

Junius Williams, Jr., MA, Board of Funeral Directors and Embalmers

Absent

Marvin Figueroa, Citizen Member

Trula E. Minton, MS, RN, Board of Nursing

Jacquelyn M. Tyler, RN, Citizen Member

DHP Staff

David Brown, DC, Director DHP

Elizabeth A. Carter, Ph.D., Executive Director BHP

Lisa R. Hahn, MPA, Chief Operating Officer DHP

Jaime Hoyle, Executive Director Behavioral Sciences Boards

Laura L. Jackson, BHSA, Operations Manager BHP

Leslie Knachel, Executive Director for the Boards of Audiology & Speech Language

Pathology, Optometry and Veterinary Medicine

Diane Powers, Communications Director DHP

Michelle Schmitz, Enforcement Director DHP

Yetty Shobo, PhD, Deputy Executive Director BHP

Matt Treacy, Communications Associate DHP

Elaine Yeatts, Senior Policy Analyst DHP

Presenters

Yetty Shobo, PhD, Deputy Executive Direct BHP





Michelle Schmitz, Enforcement Director DHP

Speakers

No speakers signed-in

Observers

W. Scott Johnson, Medical Society of Virginia

Ryan LaMura, Virginia Hospital and Healthcare Association

Emergency Egress Dr. Carter

Call to Order

Chair:

Dr. Clayton-Jeter

Time 10:03 a.m.

Quorum

Established

Public Comment

Discussion

There was no public comment

Approval of Minutes

Presenter

Dr. Clayton-Jeter

Discussion

The August 31, 2017 Full Board meeting minutes were approved with no revisions. All members in favor, none opposed.

Directors Report

Presenter

Dr. Brown

Discussion

Dr. Brown reported that Secretary Hazel has not requested reappointment and is ready to leave his post after service in two administrations. Dr. Brown did state however that he himself is seeing reappointment to DHP. An overview of the 2017 curricula pain management committee has submitted its report findings to the Governor. Dr. Brown announced that Ms. Hahn is the new agency COO. He stated that the COO position was created to aid in the continuity of agency operations.

Election of Officers - Nominating Committee

Presenter

Ms. Haynes, Chair

Discussion

The Nominating Committee met prior to the Full Board meeting to organize a slate of officers for today's Chair and Vice Chair elections. Ms. Haynes stated that Dr. Clayton-Jeter, Dr. Allen Jones, Jr. and Dr. Allison-Bryan submitted their interest in the Chair and Vice Chair positions with the Board of Health Professions. After brief discussion, Ms. Haynes opened nominations from the floor. There were no additional nominations made. Dr. Allison-Bryan withdrew from consideration.





Vote: All members were in favor of reappointment of Dr. Clayton-Jeter as Board Chair and reappointment of Dr. Allen Jones, Jr. as Vice Chair.

Legislative and Regulatory Report

Presenter Ms. Yeatts

Discussion

Ms. Yeatts advised the Board of updates to the laws and regulations that affect DHP currently in the General Assembly.

Enforcement

Presenter Ms. Schmitz

Discussion

Ms. Schmitz provided the Board with a very informative update on the Enforcement Division. Highlights included the new ability to report a complaint online, improvements to the subpoena process, and requests for DHP Enforcement training from the DEA and FBI.

Communications Report

Presenter Dr. Clayton-Jeter

Discussion

Dr. Clayton-Jeter presented the new DHP logo to the Board by way of a PowerPoint presentation. She provided information regarding the process of the logo creation, the design direction and the meaning behind the logo. She stated her enjoyment in working with the VCU design team and DHPs stakeholder group. Dr. Allison-Bryan was also a member of the stakeholder group and voiced her appreciation of the process and the finished product.

Ms. Powers added that DHP will be increasing its brand identity and will be purchasing lanyards, pens and phone screen wipes with the new logo.

Board Chair Report

Presenter Dr. Clayton-Jeter

Discussion

Dr. Clayton-Jeter discussed that this is a new agenda item allowing the Chair the opportunity to discuss items relevant to the functions of the Board. She provided an Employee Fact Sheet that was sent to Federal employees providing information on preventing opioid misuse. She believes this form of relaying information may be helpful at the state level as well.





Executive Directors Report

Presenter

Dr. Carter

Board Budget

Dr. Carter stated that the Board is operating under budget.

Agency Performance

Dr. Carter reviewed the agencies performance measures in relation to clearance rate, age of pending caseload and time to disposition.

Sanction Reference Points (SRP) - Update

Four boards are updating their SRP manuals. Dr. Carter also expressed that several boards have been asking about training. A request has been made for Communications to assist by recording a training video that can be used internally and posted on the DHP webpage. Additional in-person training will also be provided upon Board request.

Policies & Procedures

Dr. Carter has requested the assistance of the Regulatory Research Committee in updating the sunrise review policies and procedures. She will be providing a review of methods employed in other states as part of the review process. The Board supported the idea.

Regulatory Research Committee

Presenter

Mr. Wells

Mr. Wells provided information regarding the Committee's approval to move forward with the sunrise review request made by the Virginia Art Therapy Association. The Committee approved the proposed workplan presented by Ms. Jackson.

Healthcare Workforce Data Center (DHP HWDC)

Presenter

Dr. Shobo

Discussion

Dr. Shobo provided a PowerPoint presentation that she presented at the annual Southern Demographics Association meeting that utilized DHP licensure data. She also advised the Board that DHP HWDC is up to date on all survey reports and posting of the workforce briefs and is in the process of collecting the survey data from December license renewals.

Lunch break 11:53 a.m. - 1:15 p.m.

Board Reports

Presenter

Dr. Clayton-Jeter

Board of Audiology & Speech Language Pathology

Ms. Verdun provided an overview of the Boards activity since its last meeting. (Attachment 1)





Board of Counseling

Dr. Doyle provided an overview of the Boards activities since its last meeting. (Attachment 2)

Board of Dentistry

Dr. Watkins provided an overview of the Boards activities since its last meeting. (Attachment 3)

Board of Funeral Directors & Embalmers

Mr. Williams provided an overview of the Boards activities since its last meeting (Attachment 4)

Board of Long Term Care Administrators

Mr. Kendall provided an overview of the Boards activities since its last meeting. (Attachment 5)

Board of Medicine

Dr. Allison Bryan provided an overview of the Boards activities since its last meeting. (Attachment 6)

Board of Nursing

Ms. Minton was not in attendance at this meeting. There was no report.

Board of Optometry

Dr. Clayton-Jeter provided an overview of the Boards activities since its last meeting. (Attachment 7)

Board of Pharmacy

Mr. Logan provided an overview of the Boards activities since its last meeting. (Attachment 8)

Board of Physical Therapy

Dr. Jones, Jr. provided an overview of the Boards activities since its last meeting. (Attachment 9)

Board of Psychology

Dr. Stewart provided an overview of the Boards activities since its last meeting. (Attachment 10)

Board of Social Work

Ms. Haynes provided an overview of the Boards activities since its last meeting. (Attachment 11)

Board of Veterinary Medicine

Dr. Johnson provided an overview of the Boards activities since its last meeting. (Attachment 12)

New Business

Presenter

Dr. Clayton-Jeter





No new business was discussed.

February 27, 20	18 Full Board Meeting				
Presenter D	r. Clayton-Jeter				
Dr. Clayton-Jeter	announced the next Full Board meeting date as Fe	bruary 27, 201	3.		
Adjourned					
Adjourned	12:47 p.m.				
Chair	Helene Clayton-Jeter, OD				
Signature:	* · · · · · · · · · · · · · · · · · · ·	Date:	/_	/	_
Board Executive Director	Elizabeth A. Carter, Ph.D.				
Signature:		Date:	/_	/	_

Virginia Department of Health Professions Revenue and Expenditures Summary Department 30900 - Board of Health Professions For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account				Amount Under/(Over)	
Number	Account Description	Amount	Budget	Budget	% of Budget
4002400	Fee Revenue				
4002401	1 Application Fee	500.00	<u> </u>	(500.00)	0.00%
	Total Fee Revenue	500.00		(500.00)	0.00%
	Total Revenue	500.00	*	(500.00)	0.00%
5011110	Employer Retirement Contrib.	18,551.79	32,626.00	14,074.21	56.86%
5011120	Fed Old-Age Ins- Sal St Emp	11,625.46	18,502.00	6,876.54	62.83%
5011130	Fed Old-Age Ins- Wage Earners	873.41	6,682.00	5,808.59	13.07%
5011140	Group Insurance	1,973.40	3,169.00	1,195.60	62.27%
5011150	Medical/Hospitalization Ins.	4,833.50	7,776.00	2,942.50	62.16%
5011160	Retiree Medical/Hospitalizatn	1,777.56	2,854.00	1,076.44	62.28%
5011170) Long term Disability Ins	994.26	1,597.00	602.74	62.26%
	Total Employee Benefits	40,629.38	73,206.00	32,576.62	55.50%
5011200) Salaries				
5011230) Salaries, Classified	150,934.70	241,849.00	90,914.30	62.41%
5011250) Salaries, Overtime	500.94		(500.94)	0.00%
	Total Salaries	151,435.64	241,849.00	90,413.36	62.62%
5011300	Special Payments				
5011340	Specified Per Diem Payment	1,200.00	4,350.00	3,150.00	27.59%
5011380	Deferred Compnstn Match Pmts	750.00	1,440.00	690.00	52.08%
	Total Special Payments	1,950.00	5,790.00	3,840.00	33.68%
5011400) Wages				
5011410) Wages, General	11,417.13	87,339.00	75,921.87	13.07%
	Total Wages	11,417.13	87,339.00	75,921.87	13.07%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	1,769.55	-	(1,769.55)	0.00%
	Total Terminatn Personal Svce Costs	1,769.55	(=	(1,769.55)	0.00%
5011930	Turnover/Vacancy Benefits			-	0.00%
	Total Personal Services	207,201.70	408,184.00	200,982.30	50.76%
5012000	Contractual Svs				
5012100	Communication Services		:*		
5012110	Express Services	÷	50.00	50.00	0.00%
5012140	Postal Services	37.44	500.00	462.56	7.49%
5012160	Telecommunications Svcs (VITA)	794.33	2,800.00	2,005.67	28.37%
5012170	Telecomm. Svcs (Non-State)	337.50	-	(337.50)	0.00%
5012190	Inbound Freight Services	10.28	20.00	9.72	51.40%
	Total Communication Services	1,179.55	3,370.00	2,190.45	35.00%
5012200	Employee Development Services				
5012210	Organization Memberships	, -	200.00	200.00	0.00%
5012220	Publication Subscriptions	12	50.00	50.00	0.00%
5012240	Employee Trainng/Workshop/Conf	857.50	3,500.00	2,642.50	24.50%
5012250	Employee Tuition Reimbursement	2,421.00		(2,421.00)	0.00%
	Total Employee Development Services	3,278.50	3,750.00	471.50	87.43%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 30900 - Board of Health Professions
For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account				Amount Under/(Over)	
Number	Account Description	Amount	Budget	Budget	% of Budget
5012400 Mgmnt and	Informational Svcs				
5012470 Legal Service	es	775.60	1,200.00	424.40	64.63%
5012480 Media Servi	ces		200.00	200.00	0.00%
Total Mgmn	t and Informational Svcs	775.60	1,400.00	624.40	55.40%
5012600 Support Ser	vices				
5012630 Clerical Ser	vices		600.00	600.00	0.00%
5012640 Food & Diet	ary Services	493.80	750.00	256.20	65.84%
5012660 Manual Lab	or Services	1.68	50.00	48.32	3.36%
5012670 Production	Services	9.90	20.00	10.10	49.50%
5012680 Skilled Serv	ices	58,955.00	94,993.00	36,038.00	62.06%
Total Suppo	ort Services	59,460.38	96,413.00	36,952.62	61.67%
5012700 Technical S	ervices				
5012780 VITA InT Int	Cost Goods&Svs	381.91	-	(381.91)	0.00%
Total Techn	ical Services	381.91	=	(381.91)	0.00%
5012800 Transportat	ion Services				
5012820 Travel, Pers	onal Vehicle	3,761.63	3,845.00	83.37	97.83%
5012830 Travel, Publ		471.70	670.00	198.30	70.40%
5012850 Travel, Subs	sistence & Lodging	1,591.84	1,100.00	(491.84)	144.71%
5012880 Trvl, Meal R	eimb- Not Rprtble	950.75	550.00	(400.75)	172.86%
Total Trans	portation Services	6,775.92	6,165.00	(610.92)	109.91%
Total Contra		71,851.86	111,098.00	39,246.14	64.67%
5013000 Supplies Ar	d Materials				
5013100 Administrat					
5013120 Office Supp	5.50	3,688.79	30.00	(3,658.79)	12295.97%
5013130 Stationery a			50.00	50.00	0.00%
	istrative Supplies	3,688.79	80.00	(3,608.79)	4610.99%
5013300 Manufctrng	R./m//				
5013350 Packaging 8		(-)	25.00	25.00	0.00%
	ctrng and Merch Supplies		25.00	25.00	0.00%
5013600 Residential	15T				
5013630 Food Service		-	50.00	50.00	0.00%
	ential Supplies		50.00	50.00	0.00%
5013700 Specific Use	500 (500 500 500 500 500 500 50 50 50 50 50 5				
5013730 Computer C	NF (5)	222.00	2	(222.00)	0.00%
5013740 Educational			50.00	50.00	0.00%
	ic Use Supplies	222.00	50.00	(172.00)	444.00%
10.70	ies And Materials	3,910.79	205.00	(3,705.79)	1907.70%
5015000 Continuous	Charges				
5015300 Operating L	9 7 0				
5015340 Equipment	5	469.84	900.00	430.16	52.20%
5015350 Building Re		16.08	-	(16.08)	0.00%
5015360 Land Rental			40.00	40.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 30900 - Board of Health Professions
For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account				Amount Under/(Over)	
Number	Account Decembring	A	Dudmat		% of Budget
	Account Description	Amount	Budget	Budget	% of Budget
5015390	Building Rentals - Non State	12,502.11	25,540.00	13,037.89	48.95%
	Total Operating Lease Payments	12,988.03	26,480.00	13,491.97	49.05%
	Total Continuous Charges	12,988.03	26,480.00	13,491.97	49.05%
5022000	Equipment				
5022100	Computer Hrdware & Sftware	2			
5022170	Other Computer Equipment	1,627.83		(1,627.83)	0.00%
	Total Computer Hrdware & Sftware	1,627.83		(1,627.83)	0.00%
5022200	Educational & Cultural Equip	~			
5022240	Reference Equipment	209.85	500.00	290.15	41.97%
	Total Educational & Cultural Equip	209.85	500.00	290.15	41.97%
5022300	Electrnc & Photographic Equip				
5022320	Photographic Equipment	-	108.00	108.00	0.00%
5022330	Voice & Data Transmissn Equip		100.00	100.00	0.00%
	Total Electrnc & Photographic Equip	-	208.00	208.00	0.00%
5022600	Office Equipment				
5022630	Office Incidentals	-	30.00	30.00	0.00%
	Total Office Equipment		30.00	30.00	0.00%
	Total Equipment	1,837.68	738.00	(1,099.68)	249.01%
	Total Expenditures	297,790.06	546,705.00	248,914.94	54.47%

David E. Brown, D.C. Director

Virginia Department of Health Professions

Sanctioning Reference Points (SRP) Agreement Analysis Data through December 31, 2017

						Departures	tures			
ì		Completed	Agree	Agreement	Aggra	Aggravating	Mitig	Mitigating		
Board	Start Date	Worksheets	#	%	#	%	#	%	Agreen	Agreement by Board
Medicine	Aug-04	246	178	72%	10	4%	28	24%	Medicine	72%
Nursing	Jul-05	1873	1485	%62	325	17%	63	3%	Nursing	%62
CNA	30-Inr	1067	1024	%96	21	7%	22	7%	CNA	%96
RMA	Jun-13	74	56	%92	17	23%	1	1%	RMA	%92
Dentistry	90-unf	238	179	75%	20	%8	39	16%	Dentistry	75%
Funeral Veterinary	May-07	44	36	82%	1	7%	7	16%	Funeral	85%
Medicine	May-07	131	112	%98	14	11%	2	4%	Veterinary	%98
Pharmacy	Nov-07	113	80	71%	9	2%	27	24%	Pharmacy	71%
Technicians	Jun-13	2	c	%09			2	40%	Pharmacy Technicians	%09
Optometry	Dec-08	17	14	82%	2	12%	1	%9	Optometry	82%
Social Work	60-unf	18	6	20%	က	17%	9	33%	Social Work	20%
Psychology	90-unf	11	6	82%			2	18%	Psychology	82%
Counseling	60-unf	26	24	95%	1	4%	1	4%	Counseling	45%
Physical Therapy	Nov-09	11	6	82%	2	18%			Physical Therapy	82%
Long-Term Care	Mar-10	22	15	%89	2	%6	2	23%	Long-Term Care	%89
Audiology	Jun-10	5	2	100%					Audiology	100%
DHP Total		3901	3238	83%	424	11%	239	%9	DHP Total	83%

Prepared by: VisualResearch, Inc.



COMMONWEALTH of VIRGINIA

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Perimeter Center
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Henrico, Virginia 23233-1463

www.dhp.virginia.gov TEL (804) 367- 4400 FAX (804) 527- 4475

February 15, 2018

T. Braxton McKee, Esquire Kaufman & Canoles, P.C. Post Office Box 626 Virginia Beach, VA 23451

RE: Procreate Fertility Center of Virginia, P.L.L.C.

Dear Mr. McKee:

Please find enclosed the recommendation of the agency subordinate of the Board of Health Professions ("Board") regarding the request for an advisory opinion for Procreate Fertility Center of Virginia, P.L.L.C. This recommendation, which was adopted by the Agency Subordinate on January 23, 2018, will be presented to the full Board at its February 27, 2018, meeting for ratification.

Please contact me should you have any questions or require additional information.

James L. Banning, Director

Administrative Proceedings Division

cc: Elizabeth A. Carter, Ph.D. Executive Director for the Board of Health Professions Charis A. Mitchell, Assistant Attorney General

SELF-REFERRAL ACT ADVISORY OPINION

RE: Application of Procreate Fertility Center of Virginia, PLLC

REQUEST

On November 17, 2017, Procreate Fertility Center of Virginia, PLLC, a Virginia professional limited liability company (the "Practice"), submitted an application for an advisory opinion to the Board of Health Professions ("Board"). The purpose of the application is to seek clarification of the definition of "referral" under the Virginia Practitioner Self-Referral Act ("Act"). The Practice, and its sole member, Christian Perez, M.D. ("Dr. Perez"), seeks to determine whether Dr. Perez and Ms. Duey, L.N.P. ("Providers"), by informing patients that Fertility Pharmacy of America, LP, a Tennessee limited partnership (the "Pharmacy"), is an option to fill fertility-related prescriptions, will qualify as a "referral" under the Act and violate Virginia Code § 54.1-2411, which prohibits referrals from a practitioner to another entity with whom the practitioner, or immediate family member, has an investment interest. Further, if it is determined that the Providers are making a referral, the Practice and Dr. Perez request that the Board make a determination whether the Practice is sufficiently involved in the ongoing care of the patients, as these prescriptions are being filled to meet the "office practice" exception of the Act. This opinion does not address Virginia Code § 54.1-2964, as it is outside the scope of the Board of Health Professions' Advisory Opinions on the Practitioner Self-Referral Act.

FACTS

Dr. Perez is a physician licensed by the Virginia Board of Medicine who specializes in treating patients with infertility issues through the Practice. Dr. Perez currently owns one

hundred percent of the membership interests in the Practice and currently practices medicine exclusively through the Practice. Ms. Duey is a Women's Health Nurse Practitioner licensed by the Virginia Boards of Nursing and Medicine who also specializes in treating patients with infertility issues. Although she works in the practice, she has no ownership or beneficial interest in it and will not receive any compensation based, directly or indirectly, on the volume or value of prescriptions written for the Practice's patients, whether or not such prescriptions are filled by the Pharmacy.

The Pharmacy is a specialized pharmacy dedicated to providing patients with fertility-related pharmaceutical products. No such pharmacies specializing in fertility-related pharmaceutical products are currently operating in Virginia. RX Partners, LLC, a Tennessee limited-liability company ("RX Partners"), owns a two percent partnership interest in the Pharmacy and serves as its general partner. The remaining ninety-eight percent of the partnership interests in the Pharmacy are owned by physicians, either in their individual capacities or through their medical practices (each, a "Pharmacy Partner" and collectively, the "Pharmacy Partners"). Each Pharmacy Partner is a limited partner of the Pharmacy and receives partnership distributions in proportion to his limited partnership interest in the Pharmacy. The Pharmacy has a brick and mortar presence in Nashville, Tennessee, and ships prescriptions all over the country, including filling prescriptions that are prescribed by Pharmacy Partners. The Pharmacy bills and collects payment for all inventory that it sells to patients and does not submit any claims to federal payors for reimbursement.

Dr. Perez desires to become a Pharmacy Partner by purchasing a limited partnership interest in the Pharmacy. Dr. Perez would fund the purchase of such interest in the

Pharmacy solely from his personal funds. The Practice would not have any financial relationship with, or ownership interest in, the Pharmacy.

In the course of providing infertility treatments to the Practice's patients, the Providers will prescribe certain fertility related medications or other pharmaceutical products, many of which are only readily and regularly available through specialized fertility pharmacies like the Pharmacy. The Providers will not direct or affirmatively send their patients to fill their prescriptions through the Pharmacy. Rather, they will provide their patients with a written list of pharmacies through which the prescription can be filled and such list will include the name of the Pharmacy as one of those options. Any effort by the Providers to provide patients with information about the Pharmacy will not outweigh efforts to provide information about other pharmacies, as all of the pharmacy options shared with patients will be included on a single list.

VIRGINIA PRACTITIONER SELF-REFERRAL ACT

Under the Act, a health care practitioner is prohibited from referring patients to an entity outside the referring practitioner's office or group practice if the practitioner, or an immediate family member, is an investor in such entity.

The following pertinent terms are defined by the Act:

"Investment interest" means the ownership or holding of an equity or debt security, including, but not limited to, shares of stock in a corporation, interests or units of a partnership, bonds, debentures, notes, or other equity or debt instruments, except investment interests in a hospital licensed pursuant to Article 1 (Section 32.1-123 et seq.) of Chapter 5 of Title 32.1.

"Investor" means an individual or entity directly or indirectly possessing a legal or beneficial ownership interest, including an investment interest. "Practitioner" means any individual certified or licensed by any of the health regulatory boards within the Department of Health Professions, except individuals regulated by the Board of Funeral Directors and Embalmers or the Board of Veterinary Medicine.

"Referral" means to send or direct a patient for health services to another health care practitioner or entity outside the referring practitioner's group practice or office practice or to establish a plan of care which requires the provision of any health services outside the referring practitioner's group practice or office practice.

QUESTION

Do the proposed actions of the Providers meet the definition of "referral" under the Virginia Self-Referral Act if they recommend the Pharmacy for filling fertility-related prescriptions with a list of other pharmacies that may be used by the patients?

Dr. Perez will have an investment interest in the Pharmacy by purchasing a limited partnership interest in the Pharmacy. Since Dr. Perez will be an investor in the Pharmacy, it must be determined whether the Providers are making a referral under the Act. The Act defines "Referral" as a physician sending or directing a person to a particular physician or entity. Virginia Code § 54.1-2410. Merriam-Webster defines "send" as "to tell *or cause* (someone or something) to go to a place." Further, "direct" is defined as "to cause (someone or something) to turn, move, or point in a particular way" or "to cause (someone's attention, thoughts, emotions, etc.) to relate to a particular person, thing, goal, etc." Merriam-Webster Dictionary 1071(9th ed. 1991). The Act thus requires a practitioner to affirmatively send or direct a patient to a particular provider or entity in order to classify as a referral. Therefore, merely including the Pharmacy on a list with other pharmacy options does not meet the definition of a "referral" under the Act.

The application states that the Providers will not direct or affirmatively send their patients to fill their prescriptions through the Pharmacy. Rather, they will provide their patients with a written list of pharmacies through which the prescription can be filled, and such list will include the name of the Pharmacy as one of those options. Further, any effort by the Providers to provide patients with information about the Pharmacy will not outweigh

efforts to provide information about other pharmacies, as all of the pharmacy options shared with patients will be included on the same list. Informing patients that the Pharmacy is one pharmacy option among several pharmacies for filling fertility-related prescriptions does not meet the definition of a "referral."

As long as the Providers provide patients with information about the Pharmacy as a pharmacy option in a way that does not outweigh efforts to provide information about other pharmacies, the actions of the Providers will not constitute a "referral" under the Act. Since the actions of the Providers do not constitute a referral under the Act, the Board will not address the issue related to the ongoing care of the patients while the prescriptions are being filled by the Pharmacy as it relates to the "office practice" exception. Further, as stated above, this opinion does not address the proposed disclosure under Virginia Code § 54.1-2964, as that is beyond the scope of the Board of Health Professions.

CONCLUSION

For the reasons set forth above, the agency subordinate, pursuant to 18 VAC 75-20-60(E), recommends the following disposition to the Board of Health Professions:

If the Providers follow the procedures stated in the application, as well as in this Opinion, the providers will not make a referral to the Pharmacy within the meaning of the Act.

"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public." **DHP Mission Statement**

received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. These three Disposition uphold the objectives of the DHP mission statement. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload; Clearance Rate, Age of Pending Caseload and Time to degrees of data fluctuation. This report includes the number of days the case was in the continuance activity.

Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct. The current quarter's clearance rate is 101%, with 955 patient care cases received and 965 closed.

Age of Pending Caseload - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at

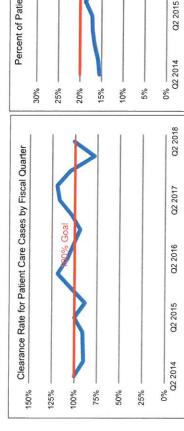
no more than 20%. The current quarter shows 15%

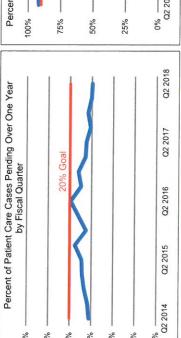
patient care cases pending over 250 business days

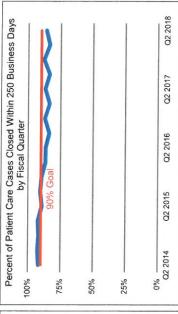
with 2689 patient care cases pending and 400

pending over 250 business days.

Time to Disposition - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days. The current quarter shows 86% percent of patient care cases being resolved within 250 business days with 965 cases closed and 830 closed within 250 business days.









rate was **108%**, the Pending Caseload older than 250 business Nursing - In Q2 2018, the clearance days was 11% and the percent closed within 250 business days was %08

125% 100%

150%

Q1 2018 Caseloads:

%09 25%

75%

Received = 382, Closed = 411 Pending over 250 days = 143 Closed within 250 days = 330

Q2 16

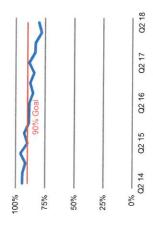
Q2 15

Q2 14

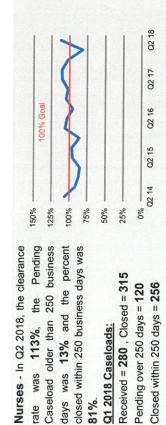
%0

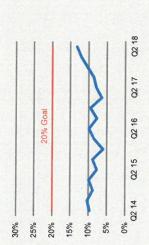
20% Goal Age of Pending Caseload (percent of cases pending over one year) 02 17 02 16 Q2 15 02 14 15% 30% 25% 20% 10% 2% %0 Q2 18 02 17

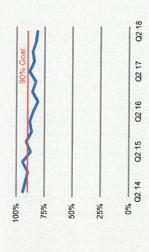
Percent Closed in 250 Business Days

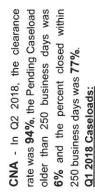


Q2 18









100%

75% 20%

150% 125%

> Received= 102, Closed = 96 Pending over 250 days = 23 Closed within 250 days = 74

Q2 17

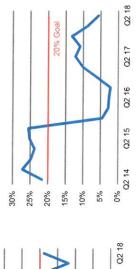
Q2 16

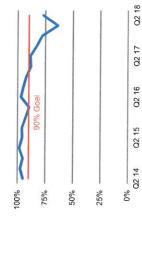
Q2 15

Q2 14

%0

25%





Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.



percent closed within 250 business Medicine - In Q2 2018, the the Pending Caseload older than 250 business days was 16% and the was 98%, rate days was 94%. clearance

150%

200%

Q1 2018 Caseloads:

100%

20%

Received = 341, Closed = 335 Pending over 250 days = 112 Closed within 250 days = 314

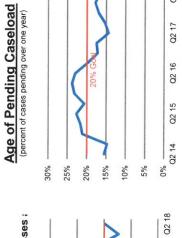
Q2 17

02 16

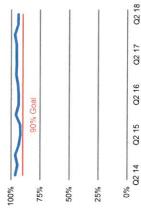
Q2 15

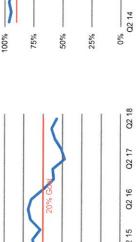
Q2 14

%0

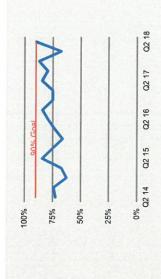


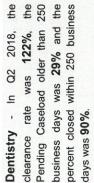
Percent Closed in 250 Business Days



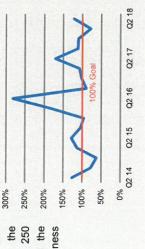


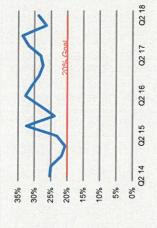


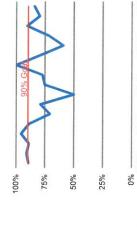


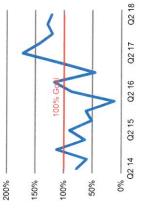


Closed within 250 days = 70 Received= 64, Closed = 78 Pending over 250 days = 51 Q1 2018 Caseloads:









the

Pharmacy - In Q2 2018, clearance rate was 121%,

the

Pending Caseload older than 250 business days was 9% and the percent closed within 250 business

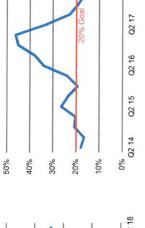
Received = 42, Closed = 51

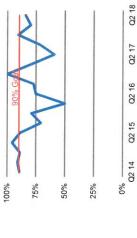
Q1 2018 Caseloads:

days was 84%.

Closed within 250 days = 43

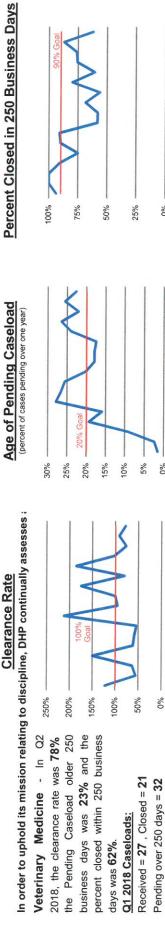
Pending over 250 days = 9





Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Q2 18



02 18

02 17

02 16

02 15

02 14

Q2 18

02 17

02 16

02 15

Q2 14

Q2 18

Q2 17

Q2 16

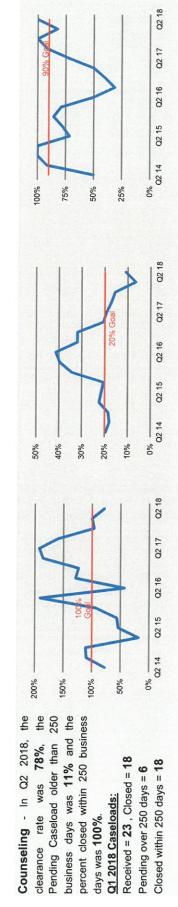
Q2 15

Q2 14

Closed within 250 days = 13

%0

%0





Q2 15 02 14 800% 700% 600% 500% 400% 300% 200% 100% 0% 1200% 1100% 1000% 900% Social Work - In Q2 2018, the Pending Caseload older than 250 business days was 11% and the percent closed within 250 business was 56%, Received = 18, Closed = 10 Pending over 250 days = 4 Q1 2018 Caseloads: clearance rate days was 100%.

Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Closed within 250 days = 10



Psychology - In Q2 2018, the percent closed within 250 business Pending Caseload older than 250 business days was 19% and the was 127%, clearance rate days was 79%.

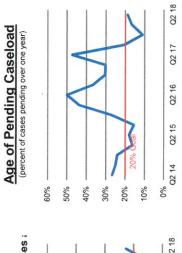
300%

400%

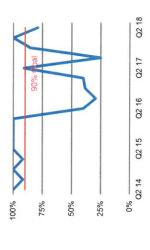
200%

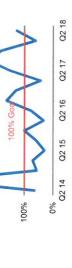
Q1 2018 Caseloads:

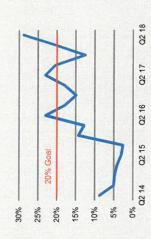
Received = 15, Closed = 18 Closed within 250 days = 15 Pending over 250 days = 6

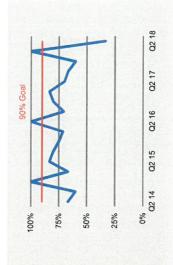


Percent Closed in 250 Business Days



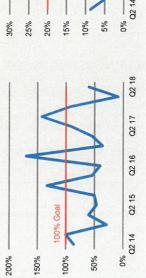


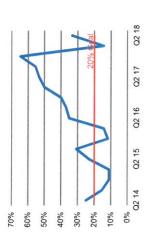


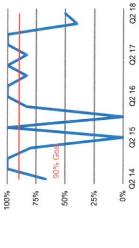


the clearance rate was 60%, the business days was 29% and the Pending Caseload older than 250 percent closed within 250 business Long-Term Care - In Q2 2018, days was 33%.

Pending over 250 days = 19 Received = 10, Closed = 6 Closed within 250 days = 2 Q1 2018 Caseloads:







the the business days was 33% and the Pending Caseload older than 250 percent closed within 250 business Optometry - In Q2 2018, clearance rate was 200%, days was 50%.

Pending over 250 days = 2 Received = 1, Closed = 2 Q1 2018 Caseloads:

Closed within 250 days = 1

Q2 18 %001 02 17 Q2 16 Q2 15 Q2 14 100% 250% 200% 150% 300% 20% %0

Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.



Physical Therapy - In Q2 2018, the clearance rate was 25%, the business days was 35% and the Pending Caseload older than 250

percent closed within 250 business days was 100%.

100% Goz

200%

Q1 2018 Caseloads:

Pending over 250 days = 9 Closed within 250 days = 2 Received = 8, Closed = 2

Q2 18

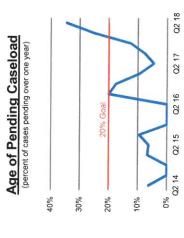
Q2 17

Q2 16

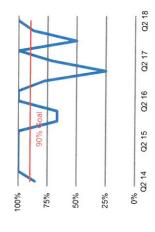
02 15

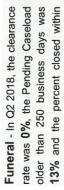
Q2 14

%0



Percent Closed in 250 Business Days



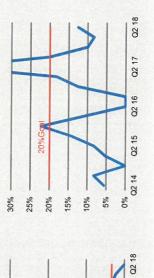


%006

%009

Closed within 250 days = 0 Pending over 250 days = 2 Received = 4, Closed = 0

300%





Audiology - In Q2 2018, the clearance rate was 0%, the Pending Caseload older than 250 business days was 20% and the percent closed within 250 business days was 250 business was N/A Q1 2018 Caseloads:

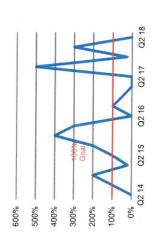
02 17

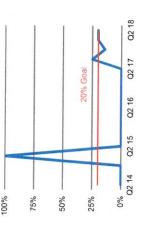
Q2 16

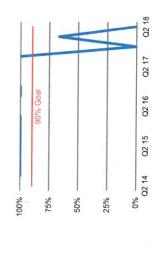
02 15

02 14

%0







Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Closed within 250 days = 0

Pending over 250 days = 2

Received = 4, Closed = 0

Q1 2018 Caseloads: